From: Darling, Corbin [Darling.Corbin@epa.gov]

Sent: 3/22/2018 11:46:33 PM

To: Thomas, Deb [thomas.debrah@epa.gov]
Subject: RE: Action Items etc. from 3/14 Lead Mtg

Attachments: R8 Lead Strategy DRAFT 3-9-2018 .ej comments on intro.docx

Hi Deb,

Thanks for adding me to the team. Jean Belille will be assisting me with my role on the team. As you know, lead exposure disproportionately impacts minority and low-income populations and the EJ team looks forward to assisting the lead-paint, drinking water, and superfund/brownfields programs in doing their work under the strategy in a way that helps to address these impacts. We have provided (or are in the process of providing) specific feedback to the authors of each section of the Strategy regarding the Strategy itself but also regarding potential opportunities to advance EJ through the activities described in the Strategy. We have met with the lead-paint folks in OPRA and ECEJ and plan to also meet with the drinking water and superfund/brownfields folks. I know you are working on the introductory section of

Deliberative Process / Ex. 5

Also, attached is a version of the draft Strategy with a few minor suggested edits to the introductory language.

Excerpt from EJ2020 Action Agenda (see pages 46-47, https://www.epa.gov/sites/production/files/2016-05/documents/052216_ej_2020_strategic_plan_final_0.pdf)

Lead is highly toxic, especially to young children. Children can be exposed to lead from a wide variety of environmental sources. Lead can leach into drinking water through the corrosion of lead-containing pipes and plumbing fixtures. It can pollute our air and soil through the burning of aviation fuels, the past use of leaded gasoline, and other industrial releases. Lead can even be found inside our own homes — on walls coated with lead-based paint, and in everyday consumer products like toys, cosmetics, ceramics, solders, gasoline, and batteries. Lead from paint, including lead contaminated dust, is one of the most common causes of lead poisoning.

Lead exposure among young children has dramatically reduced over the last three decades due to federal and state regulatory efforts to reduce the amount of lead in air, drinking water, soil, paint, household dust, consumer products, food, and occupational settings. Unfortunately, that progress has not been realized equally across the United States and lead exposure remains one of the top childhood environmental health problems that impacts minority and/or low-come populations. For example, the average blood-lead levels remain unequally high among non-Hispanic Black children when compared to Mexican-American and non-Hispanic White children.¹⁹

Low-income and minority children tend to live in areas which still face tremendous risk to lead exposure. Non-Hispanic Black children and children living in families below the poverty level have significantly higher risk factors for higher blood lead levels. Low-income, minority communities still face aging plumbing infrastructure that could contaminate their drinking water; older housing that is more likely to contain lead-based paint; and are more likely to live near ongoing industrial activity or abandoned facilities.

The continued problems of lead exposure in America will never be solved with a one-size-fits-all regulatory approach. Together with EPA's federal partners, states, tribes, and local communities, we will work collaboratively to eliminate risks from lead exposures in all children.

¹⁹ U.S. Centers for Disease Control and Prevention, 2011. Healthy Homes and Lead Poisoning Prevention Program (Report No. CS223978-C).

Excerpt from EJ2020 National Measures Technical Appendix (see page 7,

https://www.epa.gov/sites/production/files/2016-05/documents/052216 ej2020 national measures technical appendix final.pdf)

4. Relevance to Environmental Justice: This performance measure examines the disparities of blood lead levels in low-income children compared to non-low-income children so that EPA can track progress toward its long-term goal of eliminating childhood lead poisoning in harder to reach vulnerable populations. Low-income and minority children tend to live in areas that still face tremendous risk of lead exposure. Non-Hispanic Black children and children living in families below the poverty level have significantly higher risk factors for higher blood lead levels.¹ Low-income, minority communities still face aging plumbing infrastructure that could contaminate their drinking water, inhabit older housing that is more likely to contain lead-based paint, occupy areas near roadways contaminated from previously leaded gasoline and are more likely to be located near ongoing industrial activity or abandoned facilities.

EPA's Lead-Based Paint Risk Reduction program contributes to the goal of eliminating childhood lead poisoning by: (1) establishing standards governing lead hazard identification and abatement practices and maintaining a national pool of professionals trained and certified to implement those standards; (2) providing information to housing occupants so they can make informed decisions and take actions about lead hazards in their homes; and (3) establishing a national pool of certified firms and individuals who are trained to carry out renovation repair and painting projects while adhering to the lead-safe work practice standards and to minimize lead dust hazards created in the course of such projects.

Recent CDC data show significant progress in the continuing effort to eliminate childhood lead poisoning as a public health concern. The percent of children with elevated BLLs ($\geq 5 \mu g/dL$) has declined substantially (i.e., 86% from the 1999-2002 to the 2011-2014 NHANES survey cycles; 43% in the most recent survey cycle alone). However, the CDC has stated that no safe blood lead level in children has been identified. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. Effects of lead exposure cannot be corrected. See the 2012 report of the Advisory Committee to the Centers for Disease Control on Childhood Lead Poisoning Prevention and the CDC's response here.

Lead poisoning has had devastating consequences for the health of children under the age of six. Lead can be found in all parts of our environment – the air, the soil, the water, and even inside our homes – on walls coated with lead-based paint, and in everyday consumer products likes toys, cosmetics, ceramics, solders, gasoline, and batteries. The long-term effects on lead exposure in a child can be severe and may include learning disabilities, decreased growth, behavior problems, impaired hearing and even brain damage. Lead exposure is not equal for all children.

According to the CDC, there is a 34.0 percent difference in the geometric mean blood lead level in low-income children ages 1-5 as compared to the geometric mean for non-low income children of the same age, based on information from 2011 to 2015 and greater than the 27 percent disparity estimated from the 2005-2008 survey cycle. Inner-city neighborhoods with lower family income levels often have higher rates of child lead poisoning than rural or suburban areas since some of the principal sources of lead in inner-city environments are chipping and peeling lead-based paint from old houses, past deposition in soil of lead from auto emissions, and industrial sources.

¹ U.S. Centers for Disease Control and Prevention, 2011. Healthy Homes and Lead Poisoning Prevention Program (Report No. CS223978-C).

Please let me know if you have any questions or would like to discuss this information in more detail.

Corbin

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From: Thomas, Deb

Sent: Friday, March 16, 2018 1:54 PM

To: Bartels, Kimberly <Bartels.Kim@epa.gov>; Cobb, David <cobb.david@epa.gov>; Darling, Corbin

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Subject: Action Items etc. from 3/14 Lead Mtg

Notes from 3/14/18 Cross-Program Lead Strategy Kick-off Meeting

Next Meeting 3/27 10-10:45a in the RAs Conference Room (invite sent)

Key Points

We agreed that our outward facing document will align with the format and level of detail included in the Drinking Water section. More details will be provided in an internal implementation plan.

In establishing commitments for FY18/19 the focus will be on products we will produce. Products are specific and can be counted. The current draft strategy mentions many products such as outreach events, inspections, training events, SOPs, data collections, press releases, website pages, partnerships, grant solicitations, state coordination events, enforcement actions etc.

From a communications perspective it is important to have a clear problem statement (the why) in front of each action.

Our goal is to finalize the Strategy, specific commitments and the communication plan by the end of March.

Action Items (All action items due to Deb by COB 3/23)

- 1. Add Corbin Darling, Kim Bartels and Nate Delano to the team **Done**
- Rewrite all sections of the strategy using the drinking water section as the guide for format and level of detail.
 DW section to be updated based on state feedback. DW Angelique and Nate; Lead-Based Paint Michelle;
 Superfund Brownfields and Response Steve and Joe
- 3. Add an overarching introductory section to the strategy that covers cross-program coordination, integrated outreach, prioritization, and disproportionate impact. **Deb**
- 4. Draft Commitments for FY18/19. DW **Art and Angelique**; Lead-Based Paint **Michelle**; Superfund, Brownfields and Response **Steve and Joe**
- 5. Draft Communication Strategy for Rollout Lisa